

# STATEMENT AND ACKNOWLEDGMENT

FORM APPROVED OMB NO  
9000-0014

Public reporting burden for this collection of information is estimated to average .15 hours per response, including the time for reviewing instructions. Searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the suggestions for reducing this burden, to the FAR Secretarial (VRS), Office of Federal Acquisition and Regulatory Policy, GSA Washington, D.C. 20405: and to the Office of Management and Budget, Paperwork Reduction Project (9000-0014), Washington, D.C. 20503

## PART I - STATEMENT OF PRIME CONTRACTOR

1. PRIME CONTRACT NO.	2. DATE SUBCONTRACT AWARDED	3. SUBCONTRACT NUMBER
4. PRIME CONTRACTOR (Name, address and ZIP code)		5. SUBCONTRACTOR (Name, address and ZIP code)
6. The prime contractor states that under the contract shown in item 1, a subcontract was awarded on date shown in item 2 by (Name of Awarding Firm)		

to the subcontractor identified in item 5, for the following work:

7. PROJECT	8. LOCATION	
9. NAME AND TITLE OF PERSON SIGNING	10. BY (Signature)	11. DATE SIGNED

## PART II - ACKNOWLEDGMENT OF SUBCONTRACTOR

12. The subcontractor acknowledges that the following clauses of the contract shown in item 1 are included in this subcontract:

Contract Work Hours and Safety	David-Bacon Act
Standards Act - Overtime	Apprentices and Trainees
Compensation - Construction	Compliance with Copeland Regulations
Payrolls and Basic Records	Subcontracts
Withholding of Funds	Contract Termination-Debarment
Disputes Concerning Labor Standards	Certification of Eligibility

13. NAME(S) OF ANY INTERMEDIATE SUBCONTRACTORS, IF ANY

14. NAME AND TITTLE OF PERSON SIGNING	15. BY (Signature)	16 DATE SIGNED
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24 October 1988

(Sample of Typical contractor Quality report)

CONTRACTOR'S NAME  
(Address)

DAILY CONSTRUCTION QUALITY CONTROL REPORT

Contract No: \_\_\_\_\_ Date: \_\_\_\_\_ Report No. \_\_\_\_\_

Project Name \_\_\_\_\_

Weather: (Clear) (P. Cloudy) (Cloudy); Temperature: \_\_\_\_\_ Min. \_\_\_\_\_ Max; \_\_\_\_\_ Rainfall \_\_\_\_\_ in.

<u>Contractor/Subcontractors/Supplier</u>	<u>Area of Responsibility</u>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____

1. Definable Features of Construction in Progress: (Give briefly only definable features of work in progress and location. Refer to work performed by prime and/or subcontractor and/or supplier by letter in table above).

- 
2. Material and/or Equipment Delivered to site: \_\_\_\_\_

- 
3. Results of Surveillance: \_\_\_\_\_

Preparatory Phase (Attach minutes):

Initial Phase (Attach minutes):

Follow-up Phase (Include satisfactory work completed and/or deficiencies with action to be taken):

24 October 1988

4. Tests Required by Plans and/or Specification Performed and results of Test:  
(Attach results of test taken on previous dates).

- 
5. Verbal Instructions Received: (List any instructions given by Government Personnel on construction deficiencies. Retesting required, etc., with action to be taken.

- 
6. Safety Deficiencies Noted. (Describe corrective actions taken).

- 
7. Remarks: (Cover any conflicts in plans, specifications, or instruction).

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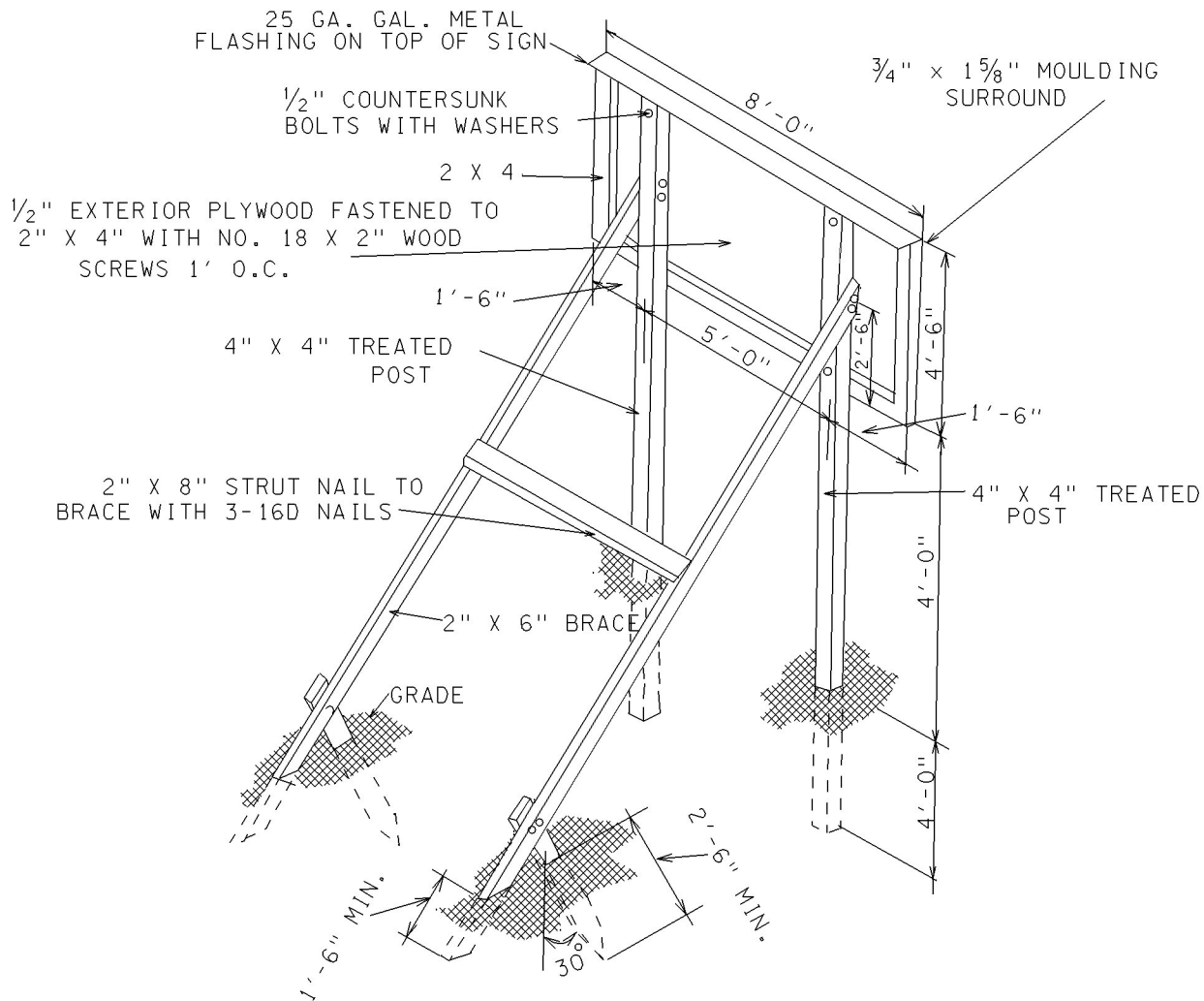
CONTRACTOR'S VERIFICATION: The above report is complete and correct and all material and equipment used and work performed during this reporting period are in compliance with the contract plans and specifications except as noted above.

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Contractor's Authorized QC Representative



AFVA 85-2



CONSTRUCTION SIGN ISOMETRIC  
ERECTION DETAILS

All Construction Project Identification signs and Safety Performance signs are to be fabricated and installed as described below. The signs are to be erected at a location designated by the contracting officer and shall conform to the size, format, and typographic standards shown

The sign panels are to be fabricated from .75" High Density Overlay Plywood.

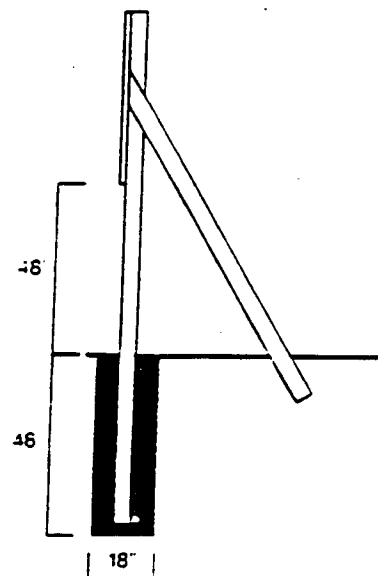
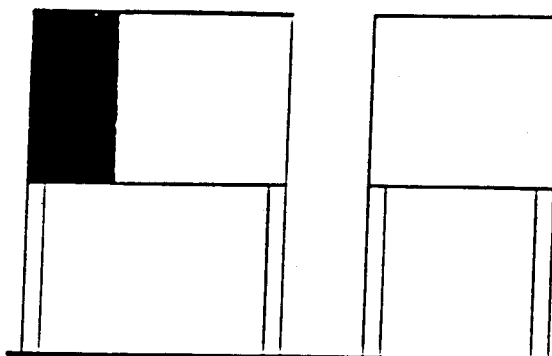
All graphics are to be applied to the background panel following the graphic formats as indicated.

Drill and insert six (6) .375" T-nuts from the front face of the HDO sign panel. Flange of T-nut to be flush with sign face.

Apply lettering and logo to prepared HDO plywood panel.

Sign uprights to be structural grade 4"x4" treated Douglas Fir or Southern Yellow Pine, No. 1 or better. Post to be 12' long. Drill six (6) .375" mounting holes in uprights to align with T-nuts in sign panel. Countersink (.5") back of hole to accept socket head cap screw (4"x.375").

Assemble sign panel and uprights. Imbed assembled sign panel and uprights in 4' hole. Bolt additional 2"x4" struts on inside face of uprights to reinforce installation as shown.



#### Construction Project Sign

##### Legend Group 1: Corps Relationship

1. \_\_\_\_\_
2. \_\_\_\_\_

##### Legend Group 2: Corps Signature

1. U.S. Army Corps
2. of Engineers

##### Legend Group 2A: District Name

1. \_\_\_\_\_
2. \_\_\_\_\_

##### Legend Group 3: Project Title

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

##### Legend Group 4: Facility Name

1. \_\_\_\_\_
2. \_\_\_\_\_

##### Legend Group 5a: Designer

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

##### Legend Group 5b: Contractor

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Introduction: Project Identification Sign

Below are two samples of the construction project identification sign showing how this panel is adaptable for use to identify either civil works projects with a local sponsor (top) or military (bottom). The graphic format for this 4' x 6' sign panel follows the legend guidelines and layout as specified

below. The large 4' x 4' section of the panel on the right is to be white with black legend. For the top sign, the upper left 2' x 2' section of the sign with the full Corps signature is to be painted Communications Red with white lettering. The lower left 2' x 2' section of the sign shall match the local sponsor's colors

with white lettering. For the bottom sign, the 2' x 4' left section of the sign with full Corps signature is to be painted Communications Red with white lettering. Mounting and fabrication details are provided.

**Legend Group 1:** One-to two-line description of Corps relationship to project.

Color: White

Typeface: 1.25" Helvetica Regular  
Maximum line length: 19"

**Legend Group 2:** Two-line Corps Signature (US Army Corps of Engineers). Placed below Corps Castle

Color: White

Typeface: 1.5" Helvetica Bold

**Legend Group 2a:**

District Name. Placed below Signature (6" Castle).

Color: White

Typeface: 1.25" Helvetica Regular

**Legend Group 3:** Words "Local Sponsor"

Color: White

Typeface: 1.25" Helvetica Regular  
Maximum length: 19"

**Legend Group 4:** One-to-three lines for name of local sponsor

Color: White

Typeface: 1.5" Helvetica Regular

**Legend Group 5:** One- to three-line project title legend describes the work being done under this contract.

Color: Black

Typeface: 3" Helvetica Bold

Maximum line length: 42"

**Legend Group 6:** One- to two-line

identification of project or facility (civil works) or name of sponsoring department (military).

Color: Black

Typeface: 1.5" Helvetica Regular

Maximum line length: 42"

Cross-align the first line of Legend Group 5 with the first line of the Corps Signature (US Army Corps) as shown.

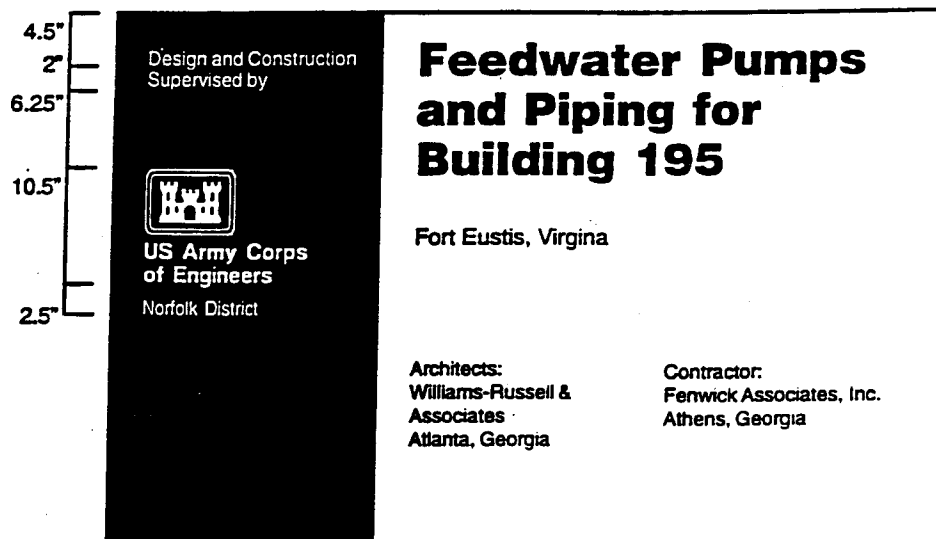
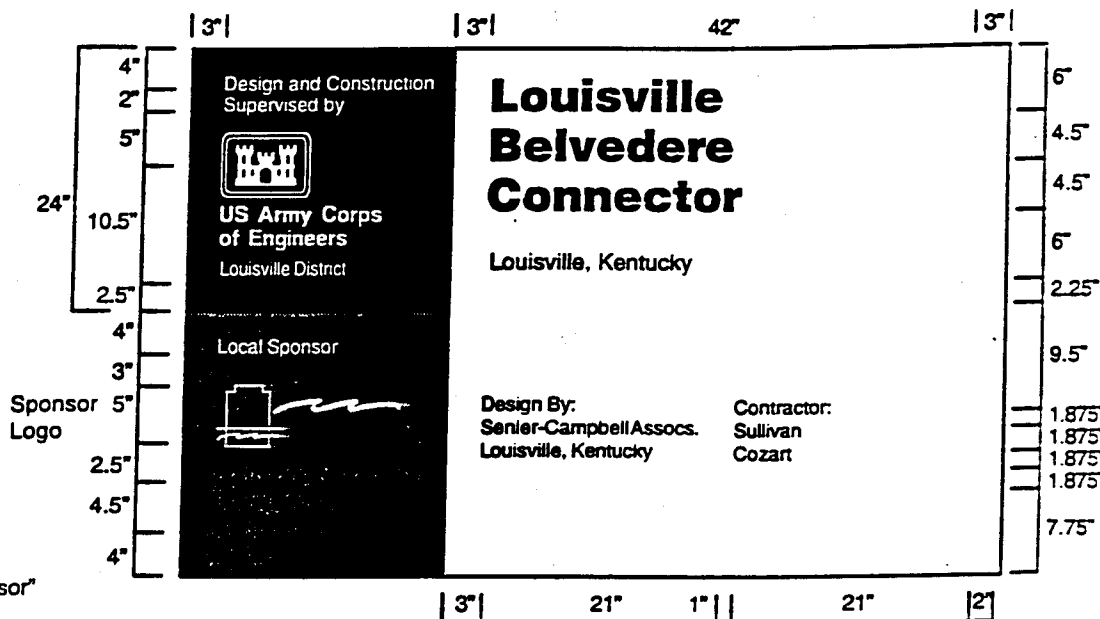
**Legend Groups 7a-b:** One- to five-line identification of prime contractors including: type (general contractor, etc.) corporate or firm name, city, state.

Color: Black

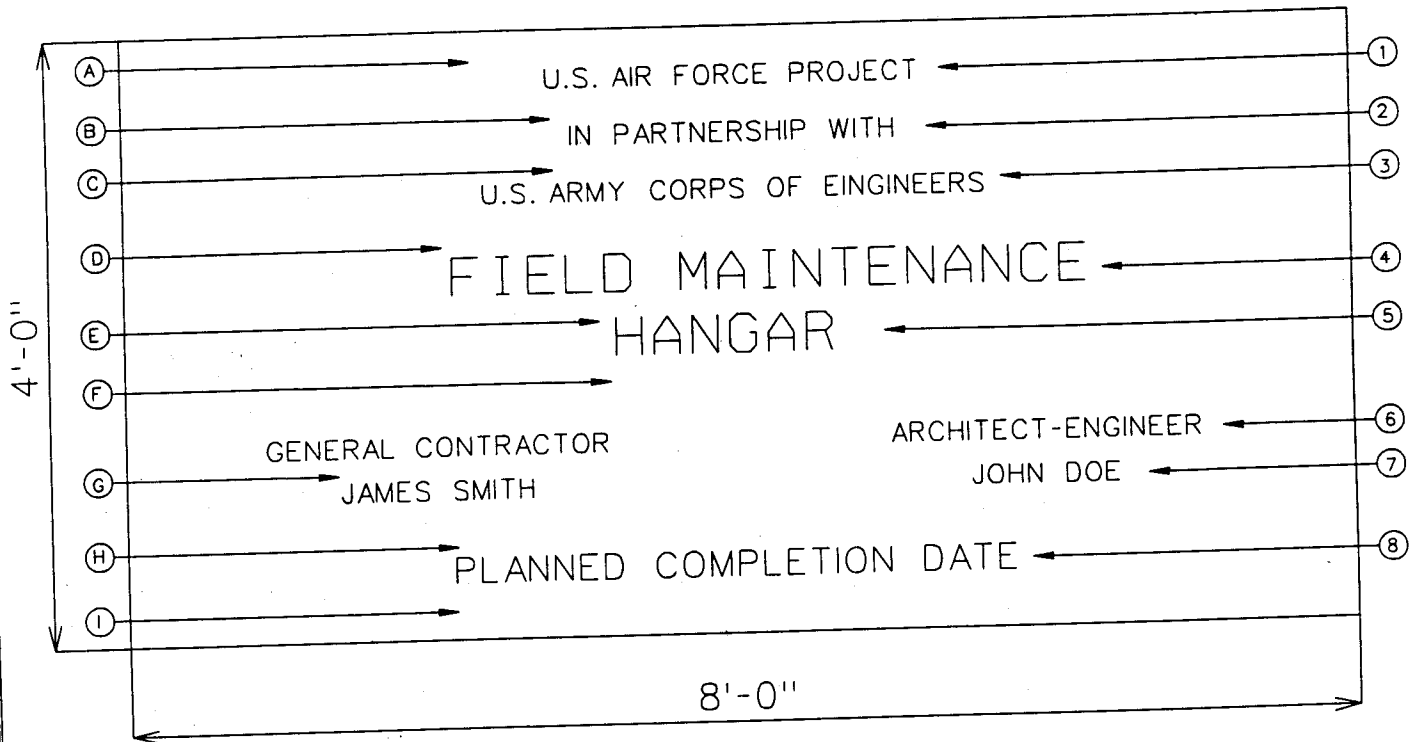
Typeface: 1.25" Helvetica Regular

Maximum line length: 21"

All typography is flush left and rag right, upper and lower case with initial capitals only as shown.



Legend Size	Panel Size	Post Size	Mounting Height	Color Bkg/Lgd
Various	4' x 6'	4" x 4"	48"	WH-RD/BK



### SAMPLE CONSTRUCTION SIGN FOR MILCON PROJECTS SCHEDULE

SPACE	HEIGHT	LINE	DESCRIPTION	LETTER HEIGHT	STROKE
A	3"	1	U.S. AIR FORCE PROJECT	1.5"	$\frac{3}{16}$ "
B	1"	2	IN PARTNERSHIP WITH	1.5"	$\frac{3}{16}$ "
C	1"	3	U.S. ARMY CORPS ENGINEERS	1.5"	$\frac{3}{16}$ "
D	5"	4	PROJECT NAME	4"	$\frac{1}{2}$ "
E	3"	5	PROJECT NAME CONT'D (IF REQUIRED)	4"	$\frac{1}{2}$ "
F	5"	6	GENERAL CONTRACTOR/A-E	1.5"	$\frac{3}{16}$ "
G	1"	7	GENERAL CONTRACTOR/A-E	1.5"	$\frac{3}{16}$ "
H	4"	8	PLANNED COMPLETION DATE	2.5"	$\frac{1}{4}$ "
I	3"				



[illegible]

TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE <i>(Read instructions on the reverse side prior to initiating this form)</i>					DATE		TRANSMITTAL NO.		
SECTION I - REQUEST FOR APPROVAL OF THE FOLLOWING ITEMS <i>(This section will be initiated by the contractor)</i>									
TO:			FROM:		CONTRACT NO.		CHECK ONE: <input type="checkbox"/> THIS IS A NEW TRANSMITTAL <input type="checkbox"/> THIS IS A RESUBMITTAL OF TRANSMITTAL _____		
SPECIFICATION SEC. NO. <i>(Cover only one section with each transmittal)</i>			PROJECT TITLE AND LOCATION				CHECK ONE: THIS TRANSMITTAL IS FOR FIO <input type="checkbox"/> GOV'T <input type="checkbox"/> APPROVAL		
ITEM NO.	DESCRIPTION OF ITEM SUBMITTED <i>(Type size, model number/etc.)</i>		MFG OR CONTR. CAT., CURVE DRAWING OR BROCHURE NO. <i>(See Instruction no. 8)</i>	NO. OF COPIES	CONTRACT REFERENCE DOCUMENT		FOR CONTRACTOR USE CODE	VARIATION <i>(See instruction no. 6)</i>	FOR CE USE CODE
a.	b.		c.	d.	e.	f.	g.	h.	i.
REMARKS					I certify that the above submitted items have been reviewed in detail and are correct and in strict conformance with the contract drawings and specifications except as other wise stated  <div>NAME AND SIGNATURE OF CONTRACTOR</div>				
SECTION II - APPROVAL ACTION									
ENCLOSURES RETURNED <i>(List by Item No.)</i>			NAME, TITLE AND SIGNATURE OF APPROVING AUTHORITY				DATE		

## Instructions

1. Section I will be initiated by the contractor in the required number of copies.
2. Each transmittal shall be numbered consecutively in the space provided for "Transmittal No.". This number, in addition to the contract number, will form a serial number for identifying each submittal. For new submittals or resubmittals mark the appropriate box; in resubmittals, insert transmittal number of last submission as well as the new submittal number.
3. The "Item No." will be the same "Item No." as indicated on ENG FORM 4288-R for each entry on this form.
5. Separate transmittal form will be used for submittals under separate section of the specifications.
6. a check shall be placed in the "Variation" column when a submittal is not in accordance with the plans and specifications—also, a written statement to that effect shall be included in the space provided for "Remarks."
7. Form is self-transmittal, letter of transmittal is not required.
8. When a sample of material or Manufacturer's Certificate of Compliance is transmitted, indicate "Sample" or "Certificate" in column c, Section I.
9. U.S. Army Corps of Engineers approving authority will assign action codes as indicated below in space provided in Section I column i to each item submitted. In addition they will ensure enclosures are indicated and attached to the form prior to return to the contractor. The Contractor will assign action codes as indicated below in Section I, column g. to each item submitted.

### THE FOLLOWING ACTION CODES ARE GIVEN TO ITEMS SUBMITTED

- A – Approved as submitted.
  - B – Approved, except as noted on drawings.
  - C – Approved, except as noted on drawings. Refer to attached sheet resubmission required.
  - D – Will be returned by separate correspondence.
  - E – Disapproved (See attached).
  - F – Receipt acknowledged.
  - FX – Receipt acknowledged, does not comply as noted with contract requirements.
  - G – Other (*Specify*)
10. Approval of items does not relieve the contractor from complying with all the requirements of the contract plans and specifications.

*(Reverse of ENG form 4025-R)*

## EQUIPMENT-IN-PLACE LIST

Contract No. \_\_\_\_\_

Description of Item: \_\_\_\_\_

Model No: \_\_\_\_\_

Serial No: \_\_\_\_\_

Capacity: \_\_\_\_\_

Name of Mfg: \_\_\_\_\_

Condition: \_\_\_\_\_

Checked by: \_\_\_\_\_ Replacement Cost \_\_\_\_\_

Description of Item: \_\_\_\_\_

Model No: \_\_\_\_\_

Serial No: \_\_\_\_\_

Capacity: \_\_\_\_\_

Name of Mfg: \_\_\_\_\_

Condition: \_\_\_\_\_

Checked by: \_\_\_\_\_ Replacement Cost \_\_\_\_\_

Description of Item: \_\_\_\_\_

Model No: \_\_\_\_\_

Serial No: \_\_\_\_\_

Capacity: \_\_\_\_\_

Name of Mfg: \_\_\_\_\_

Condition: \_\_\_\_\_

Checked by: \_\_\_\_\_ Replacement Cost \_\_\_\_\_

DEFICIENCY LIST

CONTRACT NUMBER: PROJECT:

		DEFICIENCY		CORRECTION		
DEFIC. NO.	DESCRIPTION	DATE OBSERVED	CQC REPORT NO.	DATE CORRECTED	CQC REPORT NO.	COMMENTS

CONTRACTOR QUALITY CONTROL REPORT						REPORT NO.	
						DATE	
PROJECT/CONTRACT NUMBER						SUPERINTENDENT	
CONTRACTOR						WEATHER	
PRECIPITATION PAST 24 HOURS (IN INCHES)						TEMPERATURE OF MINIMUM - MAXIMUM	
WERE THERE ANY DELAYS IN WORK PROGRESS TODAY? No ___ Yes___ If Yes, Explain:							
VERBAL INSTRUCTIONS GIVEN BY THE GOVERNMENT:							
HAS ANYTHING DEVELOPED WHICH MIGHT LEAD TO A CHANGE ORDER OR CLAIM? No___ Yes___ If Yes, Explain:							
NOTE: Official notification of claim must be made to the Contracting Officer by separate correspondence.							
SAFETY INSPECTION/METINGS: Indicate inspections made, items inspected, deficiencies noted and corrective action taken.							
WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? No___ Yes___ If Yes, attach accident report.							
PRIME CONTRACTOR/SUBCONTRACTOR WORKFORCE (If space provided below is inadequate, use additional sheets)							
No.	TRADE	HOURS	EMPLOYER	No.	TRADE	HOURS	EMPLOYER
CUMULATIVE TOTAL HOURS OF WORK HOURS FROM PREVIOUS REPORT		TOTAL WORK HOURS ON JOB SITE THIS DATE		TOTAL WORK HOURS FROM START OF CONSTRUCTION			
MAJOR ITEMS OF EQUIPMENT							
TYPE/CAPACITY				No.	STANDBY HOURS		OPERATING HOURS

## 9. THREE PHASE INSPECTION

ADVANCE NOTICE OF PREPARATORY, INITIAL OR FINAL FOLLOW-UP INSPECTION: (minimum five working days notice required)

PREPARATORY INSPECTION HELD TODAY:      Indicate Definable Features of Work.    Attach Preparatory Checklist.

INITIAL INSPECTION HELD TODAY:                      Indicate Definable Features of Work. Attach Initial Checklist.

FINAL FOLLOW-UP INSPECTION HELD TODAY:      Indicate NAS Activity Number.      Attach Final Follow-up Checklist.

10. **ACTIVITIES IN PROGRESS:** Attach daily CQC follow-up inspection deficiencies/corrections noted.

[illegible]

## 11. CQC TESTING

ACTIVITY NUMBER	DESCRIPTION OF TESTS PERFORMED	PASSED/FAILED

## 12. USER SCHOOLING CONDUCTED:

ACTIVITY NUMBER	DESCRIPTION OF SCHOOLING

13. INSTALLED PROPERTY PRICING DATA ATTACHED: YES NO

14. TRANSFERRED PROPERTY, DD-1149 ATTACHED: YES        NO       

15. QA COMMENTS CORRECTED TODAY: YES \_\_\_\_\_ NO \_\_\_\_\_

16. EQUIPMENT SAFETY CHECKLIST ATTACHED: YES NO

**GENERAL COMMENTS:**

CONTRACTOR CERTIFICATION: On behalf of the contractor, I certify that this report is complete and correct and all equipment and material used and work performed during this reporting period are in compliance with the contract plans and specifications, to the best of my knowledge, except as noted above.

Authorized Contractor Representative: \_\_\_\_\_

Report Date: \_\_\_\_\_ Date Submitted to Government Representative: \_\_\_\_\_

PROJECT NAME : \_\_\_\_\_  
LOCATION : \_\_\_\_\_  
CONTRACT NO. : \_\_\_\_\_

21 Jul 92

## CONTRACTOR PLANNING INFORMATION

### PRIME CONTRACTOR

Prime Contractor : \_\_\_\_\_  
Full Name & Address : \_\_\_\_\_  
County : \_\_\_\_\_

### PRIME CONTRACTOR STAFFING

Project Manager \_\_\_\_\_ Phone \_\_\_\_\_  
Superintendent \_\_\_\_\_ Phone \_\_\_\_\_  
Assist. Supt. \_\_\_\_\_

Quality Control Staff:

<u>QC Name</u>	<u>Category Assignments</u>	<u>Category Codes</u>
_____	, , , , , , ,	A = ARCHITECTURAL
_____	, , , , , , ,	E = ELECTRICAL
_____	, , , , , , ,	P = PLUMBING
_____	, , , , , , ,	M = MECHANICAL
_____	, , , , , , ,	F = FIRE SPRINKLER
_____	, , , , , , ,	S = STRUCTURAL
_____	, , , , , , ,	R = ROOFING
_____	, , , , , , ,	C = CIVIL
_____	, , , , , , ,	T = SAFETY

### CONTRACTOR LETTER CODES

LETTER from SITE OFFICE : \_\_\_\_\_  
LETTER from HOME OFFICE : \_\_\_\_\_

### MONTHLY PROGRESS SCHEDULE

Aug 1991 -	Aug 1992 -	Aug 1993 -
Sep 1991 -	Sep 1992 -	Sep 1993 -
Oct 1991 -	Oct 1992 -	Oct 1993 -
Nov 1991 -	Nov 1992 -	Nov 1993 -
Dec 1991 -	Dec 1992 -	Dec 1993 -
Jan 1992 -	Jan 1993 -	Jan 1994 -
Feb 1992 -	Feb 1993 -	Feb 1994 -
Mar 1992 -	Mar 1993 -	Mar 1994 -
Apr 1992 -	Apr 1993 -	Apr 1994 -
May 1992 -	May 1993 -	May 1994 -
Jun 1992 -	Jun 1993 -	Jun 1994 -
Jul 1992 -	Jul 1993 -	Jul 1994 -



### USER SCHOOLING INFORMATION

21 Jul 92

[illegible]

21 Jul 92

[illegible]



## 21 Jul 92

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## DEFINEABLE FEATURES OF WORK

21 Jul 92

[illegible]

## 21 Jul 92

PAGE 1 OF

QUALITY CONTROL TESTING INFORMATION		21 Jul 92
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QUALITY CONTROL TESTING INFORMATION		21 Jul 92
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[illegible]

<b>DIGGING PERMIT</b> (The proponent for this form is PWBC)	
NAME AND TITLE OF PROJECT OFFICER / REQUESTER	DATE
ORGANIZATION OF REQUESTER	TELEPHONE
LOCATION OF PROPOSED EXCAVATION(Attach copy of approved work request or plan)	PROJECTED WORK DATE(S)
PURPOSE OF EXCAVATION(Project Number / Contract Number / Title / Etc.)	
<b>PART I (Utilities Coordination)</b> Digging or excavation work is a requirement within the scope of work to be accomplished. I understand: * PWBC environmental coordination not required for housing occupants. * My responsibilities in relation to safety, property damage, personal injury and life threatening hazards associated with digging in the vicinity of underground utilities. Verbal approvals may be given by entities on this form. I understand these approvals are based on information I provide. * Underground utilities which may be encountered while performing digging and excavation work are high voltage electrical cables, high pressure lines, water lines, sewer lines, steam lines, liquid fuel lines, telephone cables, control cables, and refrigerant lines. Digging into any of these lines could result in extensive property damage. Severe injury or death could result from digging into electrical cables, gas lines, liquid fuel lines, and other high pressure lines. I am responsible for any damages caused to persons or property as a result of my fault or negligence. * All known underground utilities within the project limits will be discussed with me or my representative during the course of this coordination. Exact location may be unknown; therefore, I am responsible for performing such work as may be necessary to determine exact locations. When calling TENNESSEE ONE CALL and KENTUCKY BUD, advise them the locate request is for Fort Campbell, KY (Government Reservation), not county. * I understand that it is my responsibility to notify the appropriate personnel listed below and request locating and marking underground utilities, and have each person initial this form. * Please allow a minimum of 3 working days for PWBC personnel to locate and mark all utilities in your project area, and 10 workdays for communications lines. Housing area residents are not required to obtain initials for blocks 3, 7, 8, 10, 11 and 12. * Excavation shall not begin until I receive a signed copy of this form from PWBC, Contract Management, or their designated representative.	
SIGNATURE OF REQUESTER	
All known underground utilities within the project limits have been discussed with the requester or the appropriate representative. Exact locations may not be known; however, the requester is responsible for performing such work as may be necessary to determine exact locations.	
1. For location of post telephone lines or fiber optic cable, please bring this completed form to ITBC, Telecommunications Division, building 907, Bastogne Avenue, hours 0730 - 1630, (798-9650).	INITIALS → ITBC
2. For location of South Central Bell telephone lines in Housing Areas, contact Kentucky BUD (1-800-752-6007). Construction contractors may contact Mr. David Morrow (270) 439-4922.	INITIALS → SOUTH CENTRAL BELL
3. For location of selected telephone lines in the barracks area (3200, 3600, 3700, 4000, 6700, 6900, 7000, 7100, 7500 blocks), contact AT&T, Mr. Wayne Howes, telephone (270) 798-9200/(270)-698-1963. No AT&T utilities between Wickham and US 41A from 41st Street to the south end of Fort Campbell.	INITIALS → BARRACKS TELEPHONE
4. For marking and clearance of underground TV cable, contact Mr. James Phillips or Mr. Gerald Schneider at COMCAST, telephone (931) 431-5633.	INITIALS → CABLE TV
5. For marking of underground utilities such as, water, sewer lines, steam, chill water contact Mr. Ronnie Jones, telephone (270) 798-3491.	INITIALS → PWBC, WATER, SEWER
6. For marking of GAS, in housing areas call "TN ONE CALL" 1-800-351-1111. Construction contractors may call 931-542-9600.	INITIALS → CLARKSVILLE GAS
7. For location of underground electrical distribution, contact Mr. Tommy Dunn, telephone (270) 798-2119. Note: Coordinate with G3, Range Control, for electric down range on training ranges.	INITIALS → PWBC ELECTRIC
8. Underground control cables on CAAF and SABRE airfields. Cables are located along 101st Airborne, Mabry, Market Garden Roads and Wickham Avenue. Contact Mr. Jon Hallock, Radar Control, (270) 798-2725.	INITIALS → ATC
9. For location of underground POL lines at SABRE and CAAF airfields and motor pools call (270)-798-6691.	INITIALS → PWBC LIQUID FUELS



COORDINATION FOR REAR AREA EXCAVATION	
(The proponent of this form is PWBC)	
NAME, RANK, AND TITLE OF REQUESTER	DATE
ORGANIZATION OF REQUESTER	TELEPHONE NUMBER
LOCATION OF PROPOSED EXCAVATION ( <i>Attach map or overlay as appropriate</i> ).	PROJECTED WORK DATE(S)
PURPOSE OF EXCAVATION ( <i>Project Number / Contract Number / Title / Etc.</i> ).	
<p>The requester will observe and enforce the following requirements:</p> <ul style="list-style-type: none"> <li>* Excavation shall not begin before completion of this coordination.</li> <li>* Inspection of the proposed sites shall be conducted by Public Works Business Center (PWBC) if archaeological survey of the area is incomplete, or the archaeological survey identifies the proposed sites as high risk (where finding of archaeological resources is probable). Records of archaeological surveys are maintained at PWBC, Environmental Division.</li> <li>* PWBC shall monitor the excavation process in high risk areas (where finding of archaeological resources is probable).</li> <li>* If archaeological resources are discovered during the course of an excavation, this coordination becomes invalid. Excavation or disturbance of the site shall be suspended and PWBC shall be notified immediately. PWBC will evaluate the significance of the finding and issue new guidance.</li> <li>* Excavation sites shall be restored upon termination of usefulness, unless otherwise coordinated with PWBC.</li> <li>* Solid Waste Management Units (SWMU) have been identified across Fort Campbell (to include the entire CAAF area). SWMUs usually require special instructions that may be provided during the course of this digging permit coordination. I realize I shall follow that guidance. All excavations in and/or near Solid Waste Management Units (SWMUs) must be coordinated with the Restoration Program Manager, 798-9768.</li> <li>* All work at CAAF must be coordinated with the Restoration Program Manager, 798-9768.</li> <li>* If potentially contaminated earth (unusual odor or appearance) is discovered during excavation, cease work immediately and contact the Restoration (SWMU) Program Manager, 798-9768.</li> </ul>	
SIGNATURE OF REQUESTER	
1. For location of post telephone lines or fiber optic cable, please bring this completed form to ITBC, Telecommunications Division, Bldg. 907 Bastogne Ave, hours 0730-1630, 798-9650.	INITIALS → ITBC
2. For location of underground electric distribution, contact Mr. Tommy Dunn, telephone (270) 798-2119. Note: coordinate with G3, Range Control, for electric down range on training areas.	INITIALS → PWBC ELECTRIC
3. ARCHEOLOGY ( <i>Mabry House Bldg. 6801, 798-7437</i> ).	INITIALS → ARCHEOLOGY
4. LAND MANAGEMENT ( <i>Conservation Branch Bldg. 2159, 798-9824/9850</i> ).	INITIALS → LAND MANAGEMENT
5. SWMU ( <i>Restoration Program Manager, Bldg. 2186, 798-9768</i> ).	INITIALS → SWMU
<p>In accordance with CAM Regulation 420-3, if work is not started within 30 days after permit issue, this permit is null and void.</p>	
SIGNATURE OF NEPA PROGRAM MANAGER ( <i>Bldg. 2159, 13 1/2 Street, 798-9824/9825</i> )	DATE